Revision: HCFA-PM-95-4 (HSQB)

JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MINNESOTA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

<u>Denial of Payment for New Admissions</u>: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

___ Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

Attachment 4.35-D

TN No. 95-32 Supersedes TN No. --

Approval Date: 10-26-95

Effective Date: 07 01 95